DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3035 (Rev. 2/2019)

HEALTH SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN
Adm. Code
Ch. DOC 316

é NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇦

PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER
Brown	Lee	385934
FACILITY NAME	**HOUSING UNIT**	**TODAY'S DATE**
OSCI	W North	3-11-2021

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of $7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE ▶

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA) ☐ DENTAL ☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE | DATE OF SERVICE

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

☐ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)

☐ PSYCHIATRIST ☐ INFORMATION

☒ OTHER:

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

	DATE RECEIVED: TO BE STAMPED BY HSU
On 3-11-2021 about 12:00 AM I fell in my cell. I twisted my knee falling over my cellies wheelchair/walker then hit my head on the locker and then my elbow on the floor. I put my knee back in the socket and reported it to staff. but I wasn't seen.	

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE – TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed.

☒ Nursing Sick Call: ☒ Today ☐ Date (if not today):

☐ Scheduled to be seen in HSU: ☐ ACP ☐ RN/LPN ☐ Special Needs Evaluation ☐ Optical ☐ Other:

☐ Refer HSR to: ☐ ACP ☐ HSU Manager ☐ Psychiatrist ☐ MPAA ☐ Optical ☐ Other:

☐ Refer for copies only ☐ Refer for Health Care Record review appointment.

☐ Educational material attached (Specify): ☐ Other:

COMMENTS / INFORMATION

PRINT STAFF NAME	DATE OF HSU RESPONSE
D. PROEHL, RN	3-12-21

DISTRIBUTION: Original – Internal Paper Record; 1st – Patient Request Folder; Official Record – Business Office File;

Exhibit #1

Incident Report

Institution/Region: Oshkosh Correctional Institution
IR#: 00463139
Facility/DCC Office: Oshkosh Correctional Institution
Location of Incident: W-Building
Exact Location of Incident: W building cell 92

Incident Date: 03/10/2021 Approximate: ☐
Incident Time: 11:35:00 PM Approximate: ☑
Staff Member Completing Report: DORN, GARRETT R Job Title: CORR SERGEANT
ID#: 22023
Overall IR Status: Finalized

Incident Types		Results/Actions
☐ Escape	☐ Other	Placed in Bed Restraints: ☐
☐ Assault	☐ PREA	Threats:
☐ Cell Entry	☐ Physical Injury	Property Damage:
☐ Fire	☐ Property Damage	Contraband:
☐ Death	☐ Threats	Physical Force:
☐ Disturbance	☐ Accident	Physical Injuries:
☑ Informational	☑ Health	
☐ Discharge Firearm	☐ Custody	
☐ Self Harm	☐ Misconduct	
☐ LEP (Limited English Proficiency)	☐ Narcan/Naloxone Administration	
☐ STG	☐ Religion	
☐ Medication Misuse		
☐ ADA Related		
Choose up to 3 Types from above*		

Additional Information

Employee on Duty: Yes
Reported to Law Enforcement: Unknown

Staff Involved (1 - 3 of 3)

Staff Name	ID	Primary Work Site	Job Title	Involvement Type
DORN, GARRETT R	22023	Oshkosh Correctional Institution	CORR SERGEANT	Principal
PHI				Principal
TOOMBS, SHAUN N	387	Oshkosh Correctional Institution	SUPERVISING OFFICER 1	Principal

Offenders Involved (1 - 2 of 2)

Exhibit #2

Inmate Brown said he was trying to get down from the top bunk, tripped and fell on Inmate INMT NOT wheelchair.
Sergeant Dorn asked Inmate Brown if he wanted to be seen by HSU.
Inmate Brown declined to see HSU but accepted a HSU blue slip to be seen.
HSU was notified via telephone. Sergeant Dorn contacted PHI PHI

Supervisor IR Status: Submitted to Director/Chief As of Date: 03/11/2021

Supervisor Signature: A. HENRY 23322

Further Action Taken by Security Director/Regional Chief

Staff Name: TONEY, EMIL P Job Title: CORR SECURITY DIRECTOR

IR Declared Confidential: Yes

Reason(s) Returned to

None

Security Director/Regional Chief Comments

Written for documentation.
Referred for informational purposes.

Referred to Other DOC Staff (1 - 6 of 6)

Date	Staff Name	ID	Primary Work Site	Job Title
03/11/2021	MEISNER, MICHAEL F	2828	Fox Lake Correctional Institution	WARDEN
03/11/2021	ZANON, JAMES A	ZZZZZZZ	Oshkosh Correctional Institution	NOT APPLICABLE
03/11/2021	MCGINNIS, TAMMY L	22310	Oshkosh Correctional Institution	CORR PROGRAM SUPERVISOR
PHI				
03/11/2021	FOFANA, DAWN M	ZZZZZZZ	Drug Abuse Correctional Center	NOT APPLICABLE
PHI				

Final IR Status: Approved by Director/Chief As of Date: 03/11/2021

Security Director/Regional Chief Signature: E. TONEY 9397

Prepare to Update

exhibit #2

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4306
* * * ICRS CONFIDENTIAL * * *

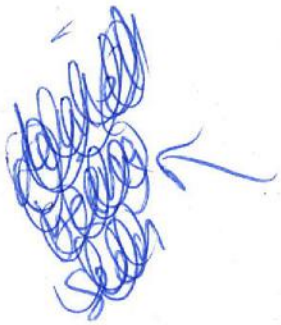
To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	03/19/2021
Inmate Contacted?	No
Date Complaint Received:	03/19/2021
Subject of Complaint:	4 - Medical
Person(s) Contacted:	HSUM Johnson
Document(s) Relied Upon:	OSCI-2021-5 DOC-2466 IR #463139 Medical record WICS Special Handling Summary DAI 500.10.08
Brief Summary:	Fell in cell hurting knee
Summary of Facts:	Inmate Lee Brown writes on date of incident 03/11/21 stating he fell in his cell twisting his knee, hitting his head on the locker and landed on his elbow. He wants this injury to stop being overlooked and addressed. He attempted to resolve with HSU staff, Dodge Correctional, RGCI Dr. Labby, OSCI HSU staff as well as W North staff correctional officers. He was told to manage best he can. Inmate Brown further details on 03/11/21 he fell in his cell. He climbed down from his bunk and began to climb over his cellie's walker to use the bathroom, his leg twisted too far and he fell. He it his head on the locker and landed on his elbow. He began to stand up, but couldn't because he had a fragment of bone or meniscus that prevented him until he pushed it back in. He informed the officer once he came to his cell and asked him if he needed to see HSU, he said yes immediately. He (officer) returned to his cell to inform him to fill out a blue slip. Complaint was signed by the complainant on 03/18/21 and was received in the OSCI ICE office on 03/19/21. This examiner notes complainant filed a previous complaint OSCI-2021-5 regarding not being treated for knee pain for injury from falling down the stairs in October 2020; however, that was dismissed by Reviewing Authority on 02/01/21 and was not appealed by the complainant. Upon receipt of this complaint, HSUM Johnson was consulted and was provide an opportunity to review this complaint and provided this office with a response. Medical records were reviewed and the following response was provided by HSUM Johnson: "I have reviewed a portion of the medical file. HSU was contacted by security 3/10/21 at approximately 2330. RN Swartout notes the

Exhibit #3

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4306
* * * ICRS CONFIDENTIAL * * *



patient reported tripping/falling over his cellmate wheelchair, the patient reported to security he hurt his knee. The RN notes that per security the patient is standing on one leg, but no signs of trauma. The Rn notes the patient can submit an HSR to be seen 3/11/21 and if worsening pain and symptoms to contact HSU. The RN noted security verbalized understanding. Review of the incident report from the security staff member indicates the patient declined to see HSU but accepted an HSR. (This examiner scanned staff DOC-2466 Incident Report as evidence to complaint record.)

The patient submitted an HSR date stamped 3/12/11 indicating he fell in his cell and twisted his knee falling over his cellmate wheelchair/walker striking his head, elbow, and hurting his knee. The patient was scheduled for same day sick call.

The patient was evaluated at 1500 on 3/12/21 RN notes right knee pain at 7/10 such as throbbing, constant, and intermittent shooting pain along medial aspect of right knee. The RN notes the patient reports tripping over the cellmate's walker. The RN documents the patient stated concerns about his cellmate and equipment in the room. The RN notes encouraging the patient to discuss his concerns with the unit staff. The RN notes placing a call to the unit indicating the cellmate should not have a wheelchair in the cell.

The patient was evaluated on 3/18/21 via sick call for knee pain. The RN performed a full assessment including full range of motion to all extremities. The patient reports he is not taking as needed naproxen for pain because 'he does not want to rely on medication'. The patient is requesting lower bunk and surgery. RN provided education, reassurance, and an ice bag.

The patient had an offsite appointment with The Kennedy Center-Orthopedics, to consult for tricompartmental degenerative joint disease which interferes with his ADL's. The note from the provider indicates the patient has right knee end stage arthritis, they recommend naproxen as needed and note the patient is too young for a knee replacement, the patient would also benefit from weight loss.

The patient has been evaluated both on-site and offsite for the reported injury. Prior to this reported incident the patient had an identified injury/issue with his knee. The patient declined initial HSU assessment and had follow up after seeking care."

This examiner reviewed WICS Special Handling Summary and inmate Brown currently has the following medical needs/restrictions granted by HSU: Brace / Immobilizer / Sling / Splint, Patellar stabilizing brace size L, from 03/05/21-03/05/22 and Therabands, red band for HEP, from 02/19/21-05/20/21.

Though inmate Brown says he is being denied appropriate care, it is clear from the record no such denial is, nor has taken place. He has and continues to be seen by medical staff concerning his problems, and there is no reason to believe his needs are not being met. The complainant has made it clear he is not satisfied with the care being offered to date, but what type of specific care

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4306
* * * ICRS CONFIDENTIAL * * *

or treatment must be offered is a matter of professional medical judgment. Those judgments have been made as they relate to the complainant's concerns and through the filing of this complaint, they have also been reviewed by others in the Bureau of Health Services. Under these circumstances, the ICE has no reason to believe the care and treatment offered is not adequate to the demonstrated need.

The ICE brings no particular expertise to the task of evaluating any diagnosis and course of treatment initiated by trained medical professionals. DAI Policy 500.10.08 Access to Care was followed by staff. The quality of care, diagnosis, or course of treatment may not be critically evaluated by the ICE. This does not mean inmate Brown is left to agree or be satisfied with the answers he receives here. The ICE can simply determine that his concerns have been reviewed/addressed, rather than ignored.

As this complaint was reviewed by and with HSUM Johnson, whom this examiner relied upon for responses, documentation and professional judgment, it is recommended that this complaint be dismissed. Through the submission of this complaint, the claims will be evaluated by the Health Services Nursing Coordinator.

ICE Recommendation: Dismissed

Recommendation Date: 04/16/2021

C. Spranger

C. Spranger - Institution Complaint Examiner

CCE REPORT
COMPLAINT NUMBER OSCI-2021-4306
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _WN2 -- W301_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	04/28/2021
Date Appeal Received:	04/28/2021
Subject of Complaint:	4 - Medical
Brief Summary:	Fell in cell hurting knee
Method of Disposition:	Review on Record? Yes Investigation? No
CCE's Recommendation:	Dismissed

It is apparent this complaint does not establish any deliberate indifference to a serious medical need but, rather, a mere difference of opinion between the complainant and prison medical staff regarding appropriate treatment. The complainant has made it clear he is not satisfied with the care offered to date, but the type of specific care or treatment offered are matters of professional medical judgment. Those judgments have been made as they relate to the complainant's medical concerns and, through the filing of this complaint, they have also been reviewed by the Regional Nursing Coordinator. Under these circumstances, the CCE has no reason to believe the care offered to date is not adequate to the demonstrated need. Accordingly, it is recommended this appeal be dismissed.

Recommendation Date: 05/06/2021

Brad Hompe

B. Hompe - Corrections Complaint Examiner

Exhib #3

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER OSCI-2021-4618
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	03/24/2021
Date Complaint Received:	03/24/2021
Subject of Complaint:	6 - Personal Physical Conditions
Brief Summary:	Has a cellmate that has a walker in the cell
ICE's Recommendation:	Dismissed
Reviewer's Decision:	Dismissed
Decision Date:	04/27/2021

C. Eplett - Warden

CC:

Distributed via email
McGinnis, T
Lemke, C

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4618
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	03/24/2021
Inmate Contacted?	No
Date Complaint Received:	03/24/2021
Subject of Complaint:	6 - Personal Physical Conditions
Person(s) Contacted:	Ms. McGinnis
Document(s) Relied Upon:	Email WICS
Brief Summary:	Has a cellmate that has a walker in the cell

Summary of Facts:

TG Lee Brown complains that he is in a cell with a cellmate that has a walker and it poses a fire hazard. Mr. Brown further states that he has addressed this issue with staff and even wrote the Health Services Unit (HSU). He says that he was seen by HSU and they state that this is a security matter, so he spoke to Ms. McGinnis the Unit Manager. Mr. Brown lists the date of incident as 03/11/21, signed this complaint on 03/18/21, and this complaint was received in the Oshkosh Correctional Institution (OSCI) Institution Complaint Examiner (ICE) Office on 03/24/21.

First and foremost, the ICE does not get involved with, nor has any say in housing unit placement or room changes. An inmate's housing location is an administrative decision. There are several elements and factors that are taken into consideration when deciding where an inmate will be housed. If unit staff determines that a move is necessary, then the move will occur. If unit staff determines that a move is not necessary, then that is the way it will be, and again, the ICE will not intervene with that decision.

Mr. Brown's cell meets all requirements mandated by the Administrative Code. All institutions must have the capability to manage their cells and inmates in the best interest of the institution and population as a whole.

When an individual receives his or her sentence to the care and custody of the Warden of the prison, they are without standing in control of their placement. The Warden has final authority to direct inmate movement and make placements as appropriate and necessary.

The ICE contacted Corrections Program Supervisor (CPS) McGinnis, concerning this complaint, who stated that she can't recall speaking with Mr.

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4618
* * * ICRS CONFIDENTIAL * * *

Brown specifically about the placement of Mr. McDaniel's walker in the room. She said that Mr. Brown did request and was offered a room change several weeks ago, which he refused. Ms. McGinnis states that he was told that he could not request another change for thirty (30) days and now that thirty (30) days has passed he has requested a change again, which will be considered. She said that she asked Officer Riegert to inspect the room and check in with Mr. Brown on this matter. Ms. McGinnis states that Officer Riegert stated that if Mr. McDaniel would turn his walker sideways when he is in bed, there would be sufficient enough space for Mr. Brown to move past it. She said that Mr. Brown stated to Officer Riegert that he believes that Mr. McDaniel purposely keeps hi walker in the way because he does not want to have a roommate. Ms. McGinnis states that it should be noted that their cells is one of the largest on the unit and is considered one of the most "accessible" rooms in the building.

Mr. Brown is advised that the procedure for obtaining a different roommate is to be discussed with unit staff. They make the determination on whether or not to recommend a change. If their decision is to not recommend a change that is the way it will be because they are present to do the necessary observation and investigation. Given this, unit staff, and not the ICE, is in the best position to make these determinations.

It is recommended that this complaint be dismissed, with a copy of this complaint being forwarded to Corrections Program Supervisor McGinnis and Corrections Program Supervisor Lemke for informational purposes.

ICE Recommendation: Dismissed

Recommendation Date: 04/26/2021

T. Gillingham - Institution Complaint Examiner

Exhib #4

ICE CORRESPONDENCE
COMPLAINT NUMBER OSCI-2021-4619
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _P-WC -- P236-_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged: 03/24/2021

Subject of Complaint: 12 - Other

Brief Summary: Moved to top bunk

- Other (see comments)

Here are the copies you requested.

Sincerely,

T. Gillingham
Institution Complaint Examiner

07/01/2024

exhib #5

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4619
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	03/24/2021	Inmate Contacted?	No
Date Complaint Received:	03/24/2021		
Subject of Complaint:	12 - Other		
Document(s) Relied Upon:	WICS DOC-3758		
Brief Summary:	Moved to top bunk		

Summary of Facts:

TG Lee Brown complains that he was moved from R-Building to W-Building to a cell on a top bunk. Mr. Brown further states that he told the Officers on W-Building that he is not to be on a top bunk. He says that he has also been seen by the Health Services Unit (HSU) as well as a Physical Therapist. Mr. Brown states that the Officers and medical staff are aware that climbing causes him extreme pain every time he climbs up and down the ladder. He says that he is subjected to suffering from the pain climbing on or off his bunk causes. Mr. Brown lists the date of incident as 03/18/21, signed this complaint on 03/18/21, and this complaint was received in the Oshkosh Correctional Institution (OSCI) Institution Complaint Examiner (ICE) Office on 03/24/21.

A review of the Wisconsin Integrated Corrections System (WICS) shows that Mr. Brown does not have an active low bunk restriction. In the special handling summary on WICS it shows that Mr. Brown was denied a low bunk restriction by the Special Needs Committee (SNC) on 03/30/21.

The issue of this complaint is reduced to Mr. Brown's version of events against the documentation in WICS showing no restriction for a low bunk. Lacking any other credible evidence, the ICE is placed in the position of having to speculate and that would be improper when making a recommendation to the Reviewing Authority.

Regardless of whose version of events is accurate, in reviewing this complaint the ICE finds no information that would support any staff misconduct or work rule violations on the part of W-Building staff or HSU. Mr. Brown simply disagrees with being placed in a top bunk - but this does not warrant an investigation by the ICE unless staff misconduct is alleged and such is not the case in this circumstance.

exhib #5

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4619
* * * ICRS CONFIDENTIAL * * *

Mr. Brown is advised that the procedure for obtaining a different cell is to be discussed with unit staff. They make the determination on whether or not to recommend a change. If their decision is to not recommend a change that is the way it will be because they are present to do the necessary observation and investigation. Given this, unit staff, and not the ICE, is in the best position to make these determinations.

Therefore, dismissal is recommended, as Mr. Brown does not have a low bunk restriction and W-Building staff would be able to place him in a cell on the top bunk, which was done on 03/08/21. Through the submission of this complaint, Mr. Brown's claims will be reviewed by a member of OSCI's Administration.

ICE Recommendation: Dismissed

Recommendation Date: 04/19/2021

T. Gillingham - Institution Complaint Examiner

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER OSCI-2021-4619
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	03/24/2021
Date Complaint Received:	03/24/2021
Subject of Complaint:	12 - Other
Brief Summary:	Moved to top bunk
ICE's Recommendation:	Dismissed
Reviewer's Decision:	Dismissed
Decision Date:	04/23/2021

C. Eplett - Warden

CC:
Distributed via email
McGinnis, T
Lemke, C

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).

CCE REPORT
COMPLAINT NUMBER OSCI-2021-4619
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _WN2 -- W301_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	05/03/2021
Date Appeal Received:	04/30/2021
Subject of Complaint:	12 - Other
Brief Summary:	Moved to top bunk
Method of Disposition:	Review on Record? Yes Investigation? No
Document(s) Relied Upon:	Complaint, SN review, WICS restrictions, appeal
CCE's Recommendation:	Dismissed
	The complainant's request for a lower bunk restriction has been reviewed by the Special Needs Committee and determined not necessary at this time. The complainant is encouraged to work with HSU staff to address concerns, and determine whether further evaluation is necessary.
Recommendation Date:	05/03/2021

E. Davidson - Corrections Complaint Examiner

OFFICE OF SECRETARY DECISION
COMPLAINT NUMBER OSCI-2021-4619
* * * ICRS CONFIDENTIAL * * *

To: BROWN, LEE A. - #385934
UNIT: _WN2 -- W301_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	05/03/2021
Date Appeal Received:	04/30/2021
Subject of Complaint:	12 - Other
Brief Summary:	Moved to top bunk
OOS Decision:	Dismissed
Decision Comments:	The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 05/03/2021 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is accepted as the decision of the Secretary.
Decision Date:	05/06/2021

C: O'Donnell - Office of the Secretary

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
Division of Juvenile Corrections
DOC-2530 (Rev. 10/2020)

WISCONSIN
Federal Regulations
28 CFR Part 35

REASONABLE MODIFICATION/ACCOMMODATION REQUEST
SOLICITUD RAZONABLE DE MODIFICACIÓN/ACOMODACIÓN

Name of Facility/ Nombre del Establecimiento: OSCI

SECTION 1: INSTRUCTIONS TO OFFENDER / YOUTH: COMPLETE SECTION 1 AND SEND FORM TO FACILITY ADA COORDINATOR.
SECCIÓN 1: INSTRUCCIONES PARA EL OFENSOR/JÓVEN: COMPLETE LA SECCIÓN 1 Y ENVÍE EL FORMULARIO AL COORDINADOR DEL CENTRO DE ADA.

Offender / Youth Request — Solicitud del Ofensor / Joven

OFFENDER / YOUTH NAME NOMBRE DEL OFENSOR/JÓVEN	DOC # NÚMERO DEL DOC	DATE OF REQUEST FECHA DE LA SOLICITUD
Lee Brown	385934	4-11-2021

I request reasonable accommodation(s) to participate in a daily living activity, program and/or service indicated below.
Solicito acomodación(es) razonable(s) para participar en una actividad, programa y/o servicio de la vida diaria que se indica a continuación. Low Bunk Restriction/No Obsticles on Floor forcing Sideways Movement

I am limited in my ability to do the following (explain disability or limitation).
Estoy limitado en mi capacidad para hacer lo siguiente (explica discapacidad o limitación). Climb Ladder; Move Sideways due to Right ACL/Miniscus Damage causing severe Pain and Failures/Falls

The following accommodation is being requested. Se solicita la siguiente acomodación.
To be placed in a Low Bunk with no obsticles in the path to door/toilet, etc.

OFFENDER / YOUTH SIGNATURE FIRMA DEL OFENSOR/JÓVEN — DATE SIGNED FECHA DE LA FIRMA: 4-11-2021

STOP **WHEN SECTION ABOVE IS COMPLETED FOLD AND SEND TO ADA COORDINATOR**
CUANDO LA SECCIÓN DE ARRIBA ESTÉ COMPLETA, DOBLE Y ENVIELA AL COORDINADOR DE ADA

Received by ADA Coordinator / Medical Verification — Recibido por el coordinador de ADA / verificación médica

Date Offender / Youth Interviewed: echa que ofensor / joven fue entrevistado

Date Health Services Consulted: Fecha de consulta de los servicios de salud

Date Contacted Fecha de Contacto ☐ Security Seguridad ☐ Maintenance Mantenimiento ☐ Other Otro

☐ Disability Verified Incapacidad Verificada — Comment: Comentarios:

Functional Limitations
Limitaciones Funcionales

☐ No medical verification is on file, follow-up appointment scheduled
No hay verificación médica archivada, cita de seguimiento programada — Date: Fecha

PRINT ADA COORDINATOR NAME IMPRIMA NOMBRE DEL CORDINADOR DE ADA	ADA COORDINATOR SIGNATURE FIRMA DEL CORDINADOR DE ADA	DATE SIGNED FECHA DE LA FIRMA
S Hamlin	S Hamlin	4-12-21

Received by ADA Coordinator / Medical Verification — Recibido por el coordinador de ADA / verificación médica

☒ NO ADA RESPONSE; request referred to NO HAY RESPUESTA DE ADA; Solicitud referida a ☒ HSU ☐ PSU ☒ Special Needs Committee Comité de Necesidades Especiales

COMMENTS COMENTARIOS: medical condition

☐ REQUEST APPROVED (Accommodation granted at this site may be reevaluated upon transfer).
SOLICITUD APROBADA (El alojamiento otorgado en este sitio puede ser reevaluado al momento de la transferencia).

DESCRIBE ACCOMMODATION / MODIFICATION:
DESCRIBA LA ACOMODACIÓN / MODIFICACIÓN:

☐ REQUEST DENIED – explain rationale for denial.
SOLICITUD NEGADA – explique el motivo por ser negada. not an ADA issue

☒ No Disability as defined by ADA, based on provided information
No hay incapacidad según la definición de ADA, según la información proporcionada

☐ Requested accommodation does not directly correlate to functional limitations.
La acomodación solicitada no se correlaciona directamente con las limitaciones funcionales.

☐ Other – specify below
Otro - especifica a continuación

EXPLAIN RATIONALE FOR DENIAL:
EXPLIQUE EL MOTIVO DE LA NEGACIÓN:

Exhib #6

DISTRIBUTION: Original – Internal Paper Record, RR Correspondence/Letters Section; Copy – Offender / Youth; Copy – ADA Virtual Folder

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3758 (Rev. 2/2019)

WISCONSIN

NOTICE OF SPECIAL NEEDS COMMITTEE DECISION

PATIENT NAME	DOC NUMBER	DATE	FACILITY
BROWN, LEE A _W/N1 W092/_U/C3	385934	3/30/2021	OSCI

From: **SPECIAL NEEDS COMMITTEE**

RE: **SPECIAL NEEDS REQUEST**

This notice serves to inform you that your request for Low Bunk has been reviewed by the facility Special Needs Committee

Your request has been:

- ☐ Approved as requested
- ☐ Approved with modification(s):
- ☐ Approved with time limit:

Your request has been:

- ☒ Denied - Request does not meet criteria as defined in policy.
- ☐ Denied - Request is outside the scope of this committee.
- ☐ Denied - Other:

Special Needs Committee Members (print / type name clearly)

Dr. Murphy	HSAM Fofana
Dr. Tannan	RN Feltz
Dr. Wheatley	MPAA Giesler
NP Bowens	LT Schwebke
NP Hermes	

DISTRIBUTION: Original – Internal Paper Record, PR Correspondence Letters Section; Copy – Patient

Exhibit #7

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
Division of Juvenile Corrections
DOC-2530 (Rev. 8/2022)

WISCONSIN
Federal Regulations
28 CFR Part 35

REASONABLE MODIFICATION/ACCOMMODATION REQUEST
SOLICITUD RAZONABLE DE MODIFICACIÓN/ACOMODACIÓN

Name of Facility/ Nombre del Establecimiento: OSCI

SECTION 1: INSTRUCTIONS TO OFFENDER / YOUTH: COMPLETE SECTION 1 AND SEND FORM TO FACILITY ADA COORDINATOR.
SECCIÓN 1: INSTRUCCIONES PARA EL OFENSOR/JÓVEN: COMPLETE LA SECCIÓN 1 Y ENVÍE EL FORMULARIO AL COORDINADOR DEL CENTRO DE ADA.

Offender / Youth Request
Solicitud del Ofensor / Joven

OFFENDER / YOUTH NAME NOMBRE DEL OFENSOR/JÓVEN	DOC # NÚMERO DEL DOC	DATE OF REQUEST FECHA DE LA SOLICITUD
Lil Brown	385934	1-14-23

I request reasonable accommodation(s) to partic[illegible] a daily living activity, program and/or service indicated below.
Solicito acomodación(es) razonable(s) para par[illegible]par en una actividad, programa y/o servicio de la vida diaria que se indica a continuación. I make the request so that I dont get hurt any futher and to prevent irreparable harm.

I am limited in my ability to do the following (explain disability or limitation). Climb stairs safely, walk, long distances.
Estoy limitado en mi capacidad para hacer lo siguiente (explica discapacidad o limitación).

The following accommodation is being requested. Se solicita la siguiente acomodación. I would like to have low bunk, low tier a wheelchair for distance and be able to order shoes that are more supportive and provide low impact.

OFFENDER / YOUTH SIGNATURE FIRMA DEL OFENSOR/JÓVEN [signature]

DATE SIGNED FECHA DE LA FIRMA 1-14-23

STOP **WHEN SECTION ABOVE IS COMPLETED FOLD AND SEND TO ADA COORDINATOR**
CUANDO LA SECCIÓN DE ARRIBA ESTÉ COMPLETA, DOBLE Y ENVIELA AL COORDINADOR DE ADA

Received by ADA Coordinator / Medical Verification
Recibido por el coordinador de ADA / verificación médica

Date Offender / Youth Interviewed: echa que ofensor / joven fue entrevistado

Date Health Services Consulted: Fecha de consulta de los servicios de salud 1-23-23

Date Contacted Fecha de Contacto 1-23-23 ☐ Security Seguridad ☐ Maintenance Mantenimiento ☒ Other Otro unit

☐ Disability Verified Incapacidad Verificada Comment: Comentarios:

Functional Limitations
Limitaciones Funcionales

☒ No medical verification is on file, follow-up appointment scheduled
No hay verificación médica archivada, cita de seguimiento programada

Date: Fecha 1-23-23

PRINT ADA COORDINATOR NAME
IMPRIMA NOMBRE DEL CORDINADOR DE ADA Sheri Fromolz

ADA COORDINATOR SIGNATURE
FIRMA DEL CORDINADOR DE ADA [signature]

DATE SIGNED
FECHA DE LA FIRMA 1-23-23

Received by ADA Coordinator / Medical Verification
Recibido por el coordinador de ADA / verificación médica

☒ NO ADA RESPONSE; request referred to
NO HAY RESPUESTA DE ADA; Solicitud referida a

☐ HSU ☐ PSU ☒ Special Needs Committee Comité de Necesidades Especiales

COMMENTS COMENTARIOS: This is all medical concerns, not ADA

☐ REQUEST APPROVED (Accommodation granted at this site may be reevaluated upon transfer).
SOLICITUD APROBADA (El alojamiento otorgado en este sitio puede ser reevaluado al momento de la transferencia).

DESCRIBE ACCOMMODATION / MODIFICATION:
DESCRIBA LA ACOMODACIÓN / MODIFICACIÓN:

☐ REQUEST DENIED – explain rationale for denial.
SOLICITUD NEGADA – explique el motivo por ser negada.

☒ No Disability as defined by ADA, based on provided information
No hay incapacidad según la definición de ADA, según la información proporcionada

☐ Requested accommodation does not directly correlate to functional limitations.
La acomodación solicitada no se correlaciona directamente con las limitaciones funcionales.

☐ Other – specify below
Otro - especifica a continuación

no disability documented

EXPLAIN RATIONALE FOR DENIAL:
EXPLIQUE EL MOTIVO DE LA NEGACIÓN:

DISTRIBUTION: Original – Internal Paper Record, PR Correspondence/Letters Section;
Copy – Offender / Youth; Copy – ADA Virtual Folder

Exhib # 8

DEPARTMENT OF CORRECTIONS
Division of Adult Institutions
DOC-3035 (Rev. 2/2019)

HEALTH SERVICE REQUEST AND COPAYMENT DISBURSEMENT AUTHORIZATION

WISCONSIN
Adm. Code
Ch. DOC 316

é NOTIFY ANY FACILITY STAFF IF YOUR HEALTH CARE NEED IS AN EMERGENCY ⇦

PRINT LAST NAME	PRINT FIRST NAME	DOC NUMBER
Brown	Lee	385934
FACILITY NAME	**HOUSING UNIT**	**TODAY'S DATE**
OSCI	RHU	7 5 22

COPAYMENT DISBURSEMENT REQUEST SECTION

AGREEMENT BY PATIENT:

I understand the following:

- The Department of Corrections shall charge a copayment of $7.50 for a visit (face to face contact) initiated by a patient when a copayment is required.
- I will not be denied care if I am unable to pay the copayment.
- By signing below, I am initiating a request for disbursement of my funds for the copayment at the time of the visit when a copayment is required.
- Failure to sign below will NOT prevent the copayment from being withdrawn from my account following a visit when a copayment is required.

PATIENT SIGNATURE ▶

TO BE COMPLETED BY HSU ONLY

☐ MEDICAL (Nurse, Doctor/NP/PA) ☐ DENTAL ☐ OPTICAL

Charge Copayment: ☐ Yes ☐ No

AUTHORIZED STAFF SIGNATURE | DATE OF SERVICE

TO BE COMPLETED BY INMATE PATIENT - HEALTH SERVICE REQUEST SECTION

Be sure to include today's date on top of form. Check the appropriate box below, and explain your request on the lines provided. Place all 4 pages of the completed form in the sick call box. The HSU will send a copy back to you indicating that your request has been received.

☑ HEALTH SERVICES ☐ HEALTH CARE RECORD REVIEW ☐ COPIES FROM HEALTH CARE RECORD (List records below)

☐ PSYCHIATRIST ☐ INFORMATION

☐ OTHER: Att NP Thompson

Please provide a brief description below of the services you desire so that HSU can respond to your request appropriately.

I am requesting that I be given low bunk low tier as well as reinstate and provide me with a knee brace a crutch and wheel chair for long distances.

DATE RECEIVED: TO BE STAMPED BY HSU

FOLD THE BOTTOM OF THE FORM UP TO THE DOTTED LINE SO THAT INFORMATION REMAINS CONFIDENTIAL.

PATIENT: DO NOT WRITE BELOW THIS LINE -- TO BE COMPLETED BY HSU ONLY

HSU RESPONSE Check appropriate box below. Add written comments / information as needed

☐ Nursing Sick Call: ☐ Today ☐ Date (if not today):

☑ Scheduled to be seen in HSU ☐ ACP ☐ RN/LPN ☐ Special Needs Evaluation ☐ Opt

☐ Refer HSR to: ☐ ACP ☐ HSU Manager ☐ Psychiatrist ☐ MPAA ☐ Optical

☐ Refer for copies only: ☐ Refer for H

☐ Educational material attached (Specify): ☐ Other:

You can discuss this request with your provider at your next appointment.

COMMENT / INFORMATION

Wheel chair / crutches Expired 2020
Brace Expired 3-2022

PRINT STAFF NAME | DATE OF HSU RESPONSE

D. PROEHL, RN | 7-6-22

DISTRIBUTION: Original – Internal Paper Record, PR Patient Request Folder; Official Record – Business Office File; Copies (2) – Inmate Patient

exhib #9